## Issue Classification



| Application/Control No. | Applicant(s)/Patent Under Reexamination |
|-------------------------|---|
| 10560555                | BOSMANS ET AL.                          |
| Examiner                | Art Unit                                |
| Celia Chang             | 1625                                    |

| ORIGINAL       |     |             |            |           |     | INTERNATIONAL CLASSIFICATION |   |   |   |                       |  |  |             |  |  |  |
|----------------|-----|-------------|------------|-----------|-----|------------------------------|---|---|---|-----------------------|--|--|-------------|--|--|--|
| CLASS SUBCLASS |     |             |            |           |     | CLAIMED                      |   |   |   |                       |  |  | NON-CLAIMED |  |  |  |
| 514            |     | 321         |            |           |     | Α                            | 6 | 1 | К | 31 / 445 (2006.0)     |  |  |             |  |  |  |
|                | c   | ROSS REI    | FERENCE(   | (S)       |     | С                            | 0 | 7 | D | 405 / 12 (2006.01.01) |  |  |             |  |  |  |
| CLASS          | SI  | JBCLASS (OI | NE SUBCLAS | S PER BLC | CK) |                              |   |   |   |                       |  |  |             |  |  |  |
| 514            | 320 |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
| 546            | 196 | 197         |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
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|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |
|                |     |             |            |           |     |                              |   |   |   |                       |  |  |             |  |  |  |

|       | Claims renumbered in the same order as presented by applicant |       |          |       |          |       |          | ☐ CPA ☐ T.D. ☐ R.1.47 |          |       |          |       |          | 47    |          |
|-------|---|-------|----------|-------|----------|-------|----------|-----------------------|----------|-------|----------|-------|----------|-------|----------|
| Final | Original  | Final | Original | Final | Original | Final | Original | Final                 | Original | Final | Original | Final | Original | Final | Original |
| 1     | 1   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 2     | 2   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 3     | 3   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 4     | 4   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 5     | 5   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 6     | 6   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 7     | 7   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| -     | 8   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| -     | 9   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 9     | 10  |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| -     | 11  |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| -     | 12  |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
| 8     | 13  |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |
|       |   |       |          |       |          |       |          |                       |          |       |          |       |          |       |          |

| NONE  | Total Claims Allowed: |                     |                   |  |  |
|---|-----------------------|---------------------|-------------------|--|--|
| (Assistant Examiner)                            | (Date)                | 9                   |                   |  |  |
| /Celia Chang/<br>Primary Examiner.Art Unit 1625 | 11/6/08               | O.G. Print Claim(s) | O.G. Print Figure |  |  |
| (Primary Examiner)                              | (Date)                | 1                   |                   |  |  |

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